

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number				3. (For agency use)						
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No				C. Annual Leave Balance as of That Date (Hours)						
				B. Last Date Subject to 5 U.S.C. 6304(B)										
6. Total Service for Leave (as of Date of Separation) <input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show) _____ Years _____ Months _____ Days														
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE								
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started _____ Date Completed _____		MO.	DAY	YEAR		
					Annual	Sick	Restored							
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on _____ Hours Absent Without Pay Since That Date _____		MO.	DAY	YEAR		
9. Total														
10. Reduction in Credits, If Any (current year)								20. Current Balance (or accrual) as of _____ Number of Days _____		MO.	DAY	YEAR		
11. Total Leave Taken, Current Year Through Date of Separation														
12. Balance								21. Twelve Months Accrual Date as of Date of Separation Number of Days _____		MO.	DAY	YEAR		
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)														
14. Salary Rate(s) Per Hour:														
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks) a. Restored b. Annual Leave Above Ceiling c. Annual Leave Within Ceiling			MO.	DAY	YEAR	HOURS	22. Dates Leave Used Prior 24 Months		FROM		TO			
		From							MO.	DAY	YEAR	MO.	DAY	YEAR
		Thru												
		From												
		Thru												
		From												
		Thru												
		From												
		Thru												
		ABSENCE WITHOUT PAY												
16. During Leave Year in Which Separated						Hours	23. MILITARY LEAVE During Current Calendar Year A. Regular -- Active Duty or Training B. Special -- Civil Disturbance		FROM		TO			
									MO.	DAY	YEAR	MO.	DAY	YEAR
17. A. Date of Last Equivalent Increase														
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)						Hours								
24. Remarks (include shore leave information, if applicable):														
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number				27. Date				